

STATE PLAN UNDER TITLE XIX  
OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Medical Assistance Program

State/Territory: North Carolina

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• Supplement 3 -	Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
• Supplement 4 -	Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

\*Forms Provided

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\*Forms Provided

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<u>No.</u>	<u>Title of Attachment</u>
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\*Forms Provided

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*4.32-A	Income and Eligibility Verification System Procedures: Requests to Other State Agencies
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7.2-A	Methods of Administration - Civil Rights (Title VI)

\*Forms Provided

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## WAIVERS OF STATE PLAN PROVISIONS

State: North Carolina

Type of Waiver

- ☐ 1915(b)(1) - Case Management System  
☐ 1915(b)(2) - Locality as a Central Broker  
☐ 1915(b)(3) - Sharing of Cost Savings (through:)  
                                Additional Services  
                                Elimination of Copayments  
☐ 1915(b)(4) - Restriction of Freedom of Choice  
1915(c) - ☐ Home and Community-Based Services Waiver(non-model format).  
              ☒ Home and Community-Based Services Waiver (model format).  
☐ 1916(a)(3)and/or (b)(3) - Nominality of Copayments

Title of Waiver and Brief Description:

Home and Community-Based Waiver for Disabled or Mentally Retarded/Developmentally Disabled Children.

Approval Date: 12/6/83      Renewal Date(s):

Effective Date: 7/1/83

Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Section 1902(a)(10)

Statewideness: N/A

Freedom of Choice:

Services:

Case management, nursing services, home health aide services, speech, occupational and physical therapy, respite care, durable medical equipment home mobility aids, child day health care and personal care services.

Eligibility:

Categorically needy, optional categorically needy and medically needy, blind, or disabled children, under age 19 and AFDC related children under age 19.

Reimbursement Provisions (if different from approved State Plan Methodology):

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Signature of State Medicaid Director  
13-52

## WAIVERS OF STATE PLAN PROVISIONS

State: North Carolina

### Type of Waiver

- ☐ 1915(b)(1)- Case Management System
- ☐ 1915(b)(2)- Locality as a Central Broker
- ☐ 1915(b)(3)- Sharing of Cost Savings (through:  
Additional Services  
Elimination of Copayments
- ☐ 1915(b)(4)- Restriction of Freedom of Choice
- ☐ 1915(c) - ☒ Home and Community-Based Services Waiver (non-model format).  
- ☐ Home and Community-Based Services Waiver (model format).
- 1916(a)(3) and/or (b)(3) - Nominality of Copayments

### Title of Waiver and Brief Description

Home and Community-Based Waiver for Mentally Retarded and Developmentally Disabled.

Approval Date: 2/22/83 Renewal Date s):..

Effective Date: 7/1/83

### Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Section 1902(a)(10)

Statewideness: Section 1902(a)(1)

Freedom of Choice:

Services:

Case management, homemaker services, home health aide, personal care services, adult day health, personal habilitation services, respite care, home mobility aids and durable equipment.

Eligibility:

Mentally retarded Medicaid recipients who would otherwise require institutional care.

Reimbursement Provisions (if different from approved State Plan Methodology):

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Signature of State Medicaid Director

## WAIVERS OF STATE PLAN PROVISIONS

State: North Carolina

### Type of Waiver

- ☐ 1915(b)(1)- Case Management System
- ☐ 1915(b)(2)- Locality as a Central Broker
- ☐ 1915(b)(3)- Sharing of Cost Savings (through:)
  - Additional Services
  - Elimination of Copayments
- ☐ 1915(b)(4)- Restriction of Freedom of Choice
- ☐ 1915(c)- ☒ Home and Community-Based Services Waiver (non-model format).
  - Home and Community-Based Services Waiver (model format).
- ☐ 1916(a)(3) and/or (b)(3)-Nominality of Copayments

### Title of Waiver and Brief Description:

Home and Community-Based Waiver for the Disabled and Elderly.

Approval Date: 10/1/82                      Renewal Date(s): 10/3/85

Effective Date: 7/1/82                      Effective 9/29/85

### Specific State Plan Provisions Waived and Corresponding Plan Section(s):

Comparability: Section 1902(a)(10)

Statewideness: Section 1902(a)(1)

Freedom of Choice:

Services:

Screening, case management, homemaker services, chore services, adult day care, respite care, meals on wheels, home mobility aids, telephone alert and supplies.

Eligibility:

Elderly and disabled adults who are eligible Medicaid recipients.

Reimbursement Provisions (if different from approved State Plan Methodology):

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Signature of State Medicaid Director



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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State/Territory: North Carolina

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Citation As a condition for receipt of Federal funds  
under title XIX of the Social Security Act, the

42 CFR  
430.10

Department of Health and Human Services  
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirement of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

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Supersedes

TN No. 92-01

Approval Date Aug 02.2000

Effective Date 04/01/00

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